

Agency/Program name: _____ Qtr _____

**CITY OF SANTA BARBARA
HUMAN SERVICES
QUARTERLY PERFORMANCE REPORT**

DUE WITHIN 25 DAYS OF THE END OF THE REPORTING PERIOD

For the period (Check One):

☐ **1st Qtr.** - July 1 – Sept. 30, 2011

☐ **2nd Qtr.** – Oct. 1 – Dec. 31, 2011

☐ **3rd Qtr.** – Jan. 1 – March 31, 2012

☐ **4th Qtr.** – April 1 – June 30, 2012

1. AGENCY NAME	
2. PROGRAM NAME	
3. ADDRESS	
4. CONTACT PERSON	Phone: Email:

PROGRAM GOALS AND OBJECTIVES

5.	MEASURABLE OBJECTIVES	ANNUAL GOAL 7/1/11-6/30/12	ACTUAL QUARTER (NEW)	TOTAL Year TO DATE	PERCENT OF TOTAL ACHIEVED
	ACTIVITY #1				
	ACTIVITY #2				
	ACTIVITY #3				
	ACTIVITY #4				

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6. Provide the unduplicated client counts for the Program services according to the categories listed below.

CATEGORY	ANNUAL GOAL 7/1/11-6/30/12	ACTUAL QUARTER (NEW UNDUP.)	UNDUPLICATED YEAR TO DATE	PERCENT of Annual Goal ACHIEVED
AGE				
0-18				
19-64				
65+				
ETHNICITY				
African-American				
Asian/Pacific Islander				
Caucasian/White				
Latino/Hispanic				
Native American				
GENDER				
Female				
Male				
GEOGRAPHIC AREA				
City of Santa Barbara				
All Other Areas				
POVERTY STATUS (See Income Guidelines on Page 5)				
Extremely Low 0-30% MFI				
Low 31-50% MFI				
Moderate 51-80% MFI				
Above Moderate 81%+ MFI				
HOMELESS				
Homeless Individuals (all)				
Of all: Families				
Of all: Chronically Homeless*				
OTHER CHARACTERISTICS				
Individuals w/ Disabilities				
TOTAL UNDUPLICATED CLIENTS				

*Individuals with a disabling condition that have lived in a shelter or on the streets for the last year or have had four episodes of homelessness in the past 3 years.

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7. Provide the following financial information for the entire PROGRAM:

	BUDGETED 7/1/11-6/30/12	YEAR TO DATE	PERCENT
TOTAL REVENUE			
TOTAL EXPENSES			

8. List the use of Human Services Funds (per Exhibit "B" of the Contract), and provide documentation of expenses:

- ⇒ **Copied** Do not send originals of support documentation
- ⇒ **Clear** Marked to indicate which expenditures relate specifically to the grant and the applicable dollar amount on the receipt. The dollar amount should be circled or highlighted.
- ⇒ **Summarized** Summary listings should be provided if there are extensive receipts and documents.
- ⇒ **Detailed** All items requested for reimbursement must have an invoice (or equivalent document that verifies the expenditure was incurred) and evidence of payment.
- ⇒ **Payroll** The specific program activity and amount of staff time charged to grant must be clearly identified. Canceled checks from the employees, insurance provider, etc., or evidence of direct deposits will document the actual outlay of funds.

CATEGORY	GRANT TOTAL 7/1/11-6/30/12	TOTAL THIS QUARTER	TOTAL CLAIMED TO DATE	PERCENT CLAIMED TO DATE
TOTAL HUMAN SERVICE FUNDS				

9. Please provide a short narrative that highlights this quarter's events, trends, and progress towards meeting program goals and objectives.
10. Comment on any areas of significant deviation from the annual goals and objectives (questions 5 and 6).
11. Comment on any changes in program staffing, and/or areas of significant deviation from the annual budget (revenues and expenses).
12. Describe actual changes made toward diversifying your Board of Directors.
13. List any new Board members added during this quarter.

**THIS REPORT IS DUE TO COMMUNITY DEVELOPMENT PROGRAMS STAFF
WITHIN 25 DAYS OF THE END OF THE REPORTING PERIOD**

DELIVER TO:

**HOUSING & REDEVELOPMENT OFFICE – ATTN: CD PROGRAMS
630 GARDEN STREET 2ND FLOOR**

OR MAIL TO

P.O. BOX 1990, SANTA BARBARA, CA. 93102

CALL STAFF AT 564-5461, Ext. 4473 IF YOU HAVE QUESTIONS